

Restoring youth to the upper midface by blending the lid-cheek junction

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CPD record / Reader knowledge check



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1. Anatomy of the periorbital area.
Which one of the following statements is false?
 - The layers of the medial and lateral infraorbital areas are different.
 - The orbicularis oculi muscle is attached to the anterior aperture by fascia on its under-surface, which is called the orbicularis retaining ligament.
 - The orbicularis retaining ligament inserts 2-3mm below the orbital rim.
 - The orbicularis retaining ligament keeps the same thickness all around the orbit.
2. Injection technique of the infraorbital area.
Which one of the following statements is false?
 - The presence of palpebral fat pads or inferior eyelid oedema can be an absolute or relative contraindication to treatment.
 - When the tear trough area is injected using a cannula, some resistance is encountered as the orbicularis oculi is reached.
 - Once the orbicularis oculi muscle is reached with the cannula, one should always inject superficial to it.
 - It is always preferable to under-correct than to over-correct.
3. The layers of the face in the infraorbital region.
Which one of the following is false?
 - The infraorbital region can be divided into lateral and medial parts, with the boundary lying about 4-6mm medial to the midpupillary line.
 - Layer 2 of the lateral part is the superficial fat
 - Layer 3 of the lateral infraorbital region is the orbicularis oculi muscle.
 - Layer 4 is the periosteum.



1 CPD POINT

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